STATE OF MARYLAND—CERTIFICATE OF DEATH

12145

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown No. Lynchburg St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brown If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	~~5~~		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Chestertown, Md
(State or country)

FATHER

13. NAME David Brown

14. BIRTHPLACE (city or town) Chestertown, Md
(State or country)

MOTHER

15. MAIDEN NAME Hennie Johnson

16. BIRTHPLACE (city or town) Chestertown, Md
(State or country)

17. INFORMANT David Brown
(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Cem. Date Dec. 5, 1939

19. UNDERTAKER David Brown - Father
(Address)

20. FILED Dec. 5, 1939 Alice C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1939 to Dec. 4 1939

I last saw h[illegible] alive on Dec 4, 1939; death is said to have occurred on the date stated above, at 1100 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Parental Lues (Born dead)	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Dr. Wm. Richmond M. D.

(Address) Chestertown, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

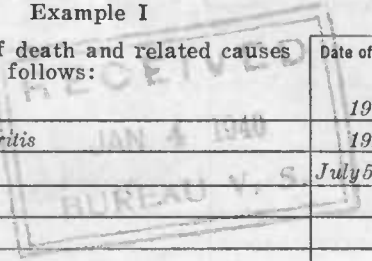
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

12146

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Kent.
City or town Rock Hall R.R. Piney Neck
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Near Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ronnie Isiah Elburn

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Annie M Elburn
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 27 1871

8. AGE:

Years	Months	Days	If less than one day
68	5	1	hrs. min.

9. Birthplace Piney Neck Kent Co. Md
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Fish + Oysters
FATHER 12. Name William Elburn
FATHER 13. Birthplace Unknown
MOTHER 14. Maiden name Elizabeth — Deen
MOTHER 15. Birthplace Unknown
16. Informant Mrs Annie Elburn
Address Rock Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30 1939 (month) (day) (year)
Cemetery or crematory Cemetery
Location Near Rock Hall. Md
18. Funeral director Wm H. Good.
Address Church Hill Md
19. Dec 30 1939 (Date rec'd by registrar) Mrs. L B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 7.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to Dec 27 1939, and that I last saw him alive on Dec 27 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage	5 day
Due to	
Due to Chronic Nephritis	1936
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank N. Smith M.D.
M. D. or other
Address Chestertown Md Date signed Dec 28/39

RECEIVED
JAN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

12147

Reg. Dist. No. 201

1. PLACE OF DEATH:
County Kent
City or town Still Pond Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Still Pond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Cora Hybert Harding

3. (b) Social Security Number —

4. Sex Female
5. Color or race W
6. (a) Single, married, widowed, or divorced Single.
6 (b) Name of ~~husband~~ or ~~wife~~ Cora Hybert Harding
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec 8 1870
8. AGE: Years 68 Months 11 Days 26 If less than one day — hrs. — min.
9. Birthplace Kent, Co. Md. (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business —
FATHER 12. Name John Henry Harding
13. Birthplace Kent Co Md.
MOTHER 14. Maiden name Caroline Scotten
15. Birthplace Kent Co Md.
16. Informant Mrs Carrie Scofield
Address Georgetown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6 1939 (month) (day) (year)
Cemetery or crematory Still Pond
Location Still Pond
18. Funeral director B R Fellows
Address Still Pond. Md
19. Dec 6 1939 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at 12 10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to Dec 4 1939, and that I last saw her alive on Dec 4 1939.
Immediate cause of death apoplexy
Due to Chronic Brights
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
2 weeks
2
2

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H G Simpson M. D. ~~or other~~
Address Chestertown Date signed 12-5-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

12148

Reg. Dist. No. 202

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 633 W. High St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 88 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 633 W. High St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Annie L. Harris

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (if wife): Robt. T. Harris

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 5 1851

8. AGE:

Years	Months	Days	If less than one day
88	9	14	____ hrs. ____ min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)

10. Usual occupation: retired housekeeping

11. Industry or business: home

FATHER

12. Name: Albert Winchester

13. Birthplace: Kent Co. Maryland

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Mrs. Ella M. Hadaway

Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 25 1939 (month) (day) (year)

Cemetery or crematory: St. Cemetery (Chester)

Location: Chestertown, Maryland

18. Funeral director: Warren L. Williams

Address: Chestertown, Md.

19. Dec. 21 1939 (Date rec'd by registrar) Alice L. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 19 1939, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 19 1939, and that I last saw h[illegible] alive on Dec 18 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H G Simpson M. D. or other

Address: Chestertown Date signed: 12-19-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (92-a)

12149

Reg. Dist. No. 203

1. PLACE OF DEATH:
County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 70 - 10 - 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie Kendall

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced widow
6 (b) Name of husband or wife Thomas Kendall deceased
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) October 21. 1872
8. AGE: Years 67 Months 2 Days 2 If less than one day ____ hrs. ____ min.
9. Birthplace Mc Clain's Corner Kent Co. Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business —
FATHER
12. Name Thomas Mc Clain
13. Birthplace Ireland
MOTHER
14. Maiden name Mary Mc Kee
15. Birthplace Ireland
16. Informant Miss Lower Kendall
Address Rock Hall. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26 1939 (month) (day) (year)
Cemetery or crematory Wesley Chapel
Location Rock Hall
18. Funeral director Marvin V. Williams
Address Chestertown Md.
19. Dec. 25 1939 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 1.30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1939, to Dec 22 1939, and that I last saw her alive on Dec. 22 1939.

Immediate cause of death	DURATION
Mesentery Thrombosis	10 hrs
Due to Chronic Endocarditis	5 year
with Hypertension	5 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Md Date signed Dec 22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12150

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 10
Stay in this community (yrs., or mos., or days): 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md County: Kent
City or town: Chestertown R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Chestertown R.D
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Lee

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: Rosey
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Don't Know

8. AGE: Years: 46 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Don't Know
13. Birthplace:
MOTHER 14. Maiden name: Don't Know
15. Birthplace:
16. Informant: Edna Bloxom
Address: 425 Tulpehocken St Reading, Penna.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 25 1940 (month) (day) (year)
Cemetery or crematory: Alms House Cemetery
Location: Alms House Near Chestertown, Md
18. Funeral director: Ralph H. Hamilton Esq.
Address: Chestertown, Md.
19. Jan. 25, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1939 at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19 to 19 and that I last saw ____ alive on ____ 19 ____. Death occurred on the date stated above at 2:30 P.M.

	DURATION
Immediate cause of death: Fracture Skull, Fractured Jaw	
Due to: Injury, left fracture	
Due to: Contused Extremities, left	
Due to: Compound fracture left	
Other conditions: Clavicle & Shoulder.	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide or homicide: Accident Date of: Dec 23 1939
Where did injury occur? Chestertown Kent (City or town) (County) Md (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: Auto Injured at work? No
How did injury occur? Struck by Auto while crossing street. Died 4 hrs after accident
23. SIGNATURE: Dr. Frederick Hynson M. D. or other
Address: Chestertown Md Date signed: Dec 24 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12151

(186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
County Kent
City or town Still Pond Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Still Pond Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Emily Wallis
3. (b) Social Security Number

4. Sex Male
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife none
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22 1857
8. AGE: Years 82 Months 5 Days 25 If less than one day hrs. min.
9. Birthplace Kent (Town, county, and state)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name Robert Wallis
13. Birthplace Kent Co Md
MOTHER 14. Maiden name Matilda J Kennedy
15. Birthplace Port Kennedy Pa
16. Informant Margaret K Wallis Neff
Address 7106 Penn ave Darby Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1939 (month) (day) (year)
Cemetery or crematory Schreveshing
Location near Kennedyville Md
18. Funeral director B R Fellows
Address Still Pond Md
19. Dec 20 1939 (Date rec'd by registrar) J H Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1939 23 00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to Dec 17th 1939
and that I last saw her alive on Dec 17th 1939
Immediate cause of death Pulmonary Hemorrhage. Not due to tuberculosis.
Due to unknown.
Due to high blood pressure and excitement.
Due to caused by an accidental fall on edge of bathtub. C.W.G.R.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other
Address Still Pond. Date signed Dec 19th.

MARGIN RESERVED FOR BINDING

Female

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(I)

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12152

Reg. Dist. No. 201

1. PLACE OF DEATH:
County Kent
City or town Rural Still Pond Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Still Pond R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Walter Wally

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mattie Wally
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE:

Years	Months	Days	If less than one day
57	—	—	— hrs. — min.

9. Birthplace Kent Co Md
(Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business Farming
FATHER 12. Name Dont Know
13. Birthplace
MOTHER 14. Maiden name Sally Wally
15. Birthplace Kent Co Md
16. Informant Mattie Wally
Address Still Pond R. D. Md

17. Burial Date thereof Dec 21/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Colemans
Location near Betterton
18. Funeral director B. R. Fallows
Address Still Pond Md
19. Dec 21 1939 J. H. Clark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939, at 6P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec 18 1939 to Dec 18 1939, and that I last saw deceased alive on Dec 18 1939. Death occurred at 6P M. Cause was reported.

Immediate cause of death	Cerebral Hemorrhage	1 hour
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? None
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE Found Dead Hours M D
No Post mortem examination
Address Chestertown Md M. D. or other
Date signed Dec 19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 29 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(124G)

12153

Reg. Dist. No. 201

1. PLACE OF DEATH:
County Kent Co
City or town Lynch
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent Co
City or town Lynch md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Holliday White

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Catharine C. Dead
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb 21 1864
8. AGE: Years 75 Months 9 Days 24 If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore md (Town, county, and state)
10. Usual occupation: Agent
11. Industry or business: —
FATHER 12. Name: Peter White
13. Birthplace: Baltimore md
MOTHER 14. Maiden name: Margaret Moore
15. Birthplace: Baltimore md
16. Informant: Margaret W. Joiner
Address: Lynch, md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/18/39 (month) (day) (year)
Cemetery or crematory: Chester md
Location: Maryland
19. Funeral director: B R Follows
Address: Still Pond md
19. Dec 18 1939 (Date rec'd by registrar) J W Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1939, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 28 1939, to Dec 15 1939, and that I last saw him alive on Dec 15 1939.
Immediate cause of death: Hypostatic Congestion, Lungs, Myocarditis
Due to: Cerebrovascular Lesion
Due to: Anemia
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank Hines M D M. D. or other
Address: Chestertown Md Date signed 12/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
U. S.